

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE			
							APPLICANT(S)	09/981000			
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1						51					
2						52					
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45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TOTAL						TOTAL					
IND.						IND.					
DEP.						DEP.					
TOTAL						CLAIMS					